



Darlington School

Merit Scholarship Application Form

Applicant's Name _____

Home address _____

City _____ State _____ Zip _____

Current School _____ Grade level _____

Scholarship _____

To nominate a student you feel is deserving of the aforementioned merit scholarship, please complete the form below and attach your letter of reference, being certain to address the applicant's commitment to academic and personal excellence.

Name of Reference _____

Title/Position _____

Relationship to Darlington School (if applicable) _____

Phone () _____ E-mail _____

FORWARD THIS FORM AND LETTER OF REFERENCE DIRECTLY TO:

Darlington School
Merit Scholarship Committee
1014 Cave Spring Road
Rome, Georgia 30161-4700

DIRECT QUESTIONS TO:

admission@darlingtonschool.org
706-235-6051.

DEADLINE FOR SUBMISSIONS IS FEBRUARY 1